

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on February 18, 2004. Per Rule 133.307(d)(1) dates of service 10/03/02 through 02/10/03 are outside the 365 day timeframe and not within the jurisdiction of Medical Review and cannot be reviewed.

The IRO reviewed office visit, hot or cold pack therapy, electrical stimulation, massage therapy, telephone conference by physician, myofascial release, manual traction, and joint mobilization from 02/18/03 through 08/12/03 that was denied based upon "U".

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

The office visits coded 99213 for dates of service 02/18/03, 03/20/03, and 08/12/03 **were** found to be medically necessary. The hot or cold pack therapy, electrical stimulation, massage therapy, telephone conference by physician, myofascial release, manual traction, and joint mobilization **were not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for office visits, hot or cold pack therapy, electrical stimulation, massage therapy, telephone conference by physician, myofascial release, manual traction, and joint mobilization

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved.

On April 20, 2004, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

- CPT Code 99080-73 for date of service 02/20/03 denied as "F, TD – The Work Status Report (TWCC-73) was not properly completed or was submitted in excess of the filing requirements. Therefore, reimbursement is denied per Rule 129.5". Per Rule 133.307(g)(3) the Work Status Report was not submitted; therefore, reimbursement is not recommended.
- CPT Code 99080-73 for date of service 08/19/03. An EOB was not submitted by either party, and will be review according to Commission Rules. Per Rule 133.307(e)(2)(A) the requestor did not submit HCFA-1500's, therefore it cannot be determined if services were rendered as billed. Reimbursement is not recommended.
- CPT Code 99212 for date of service 09/23/03 denied as "N". Requestor submitted relevant information as requested; however, per Rule 133.307(e)(2)(A) the requestor did not submit HCFA-1500's, therefore it cannot be determined if services were rendered as billed. Reimbursement is not recommended.

- CPT Code 99211 for date of service 10/06/03 denied as “N, MU”. Requestor submitted relevant information as requested; however, per Rule 133.307(e)(2)(A) the requestor did not submit HCFA-1500’s, therefore it cannot be determined if services were rendered as billed. Reimbursement is not recommended.
- CPT Code 97032 for dates of service 09/23/03 and 10/06/03 denied as “Y, MZ”. Per Rule 133.307(e)(2)(A) the requestor did not submit HCFA-1550’s, therefore it cannot be determined if services were rendered as billed.
- CPT code 97110 for date of service 09/23/03 denied as “Y, MZ”. Per Rule 133.307(e)(2)(A) the requestor did not submit HCFA-1550’s, therefore it cannot be determined if services were rendered as billed.
- CPT Code 97112 for date of service 09/23/03 denied as “Y, MZ”. Per Rule 133.307(e)(2)(A) the requestor did not submit HCFA-1550’s, therefore it cannot be determined if services were rendered as billed.
- CPT Code 97140 for date of service 09/23/03 denied as “Y, MZ”. Per Rule 133.307(e)(2)(A) the requestor did not submit HCFA-1550’s, therefore it cannot be determined if services were rendered as billed.
- CPT Code 97010 for date of service 910/06/03 denied as “G”. Per Rule 133.304 (c) carrier didn’t specify which service this was global to, therefore it will be reviewed according to Commission Rules. Per Rule 133.307(e)(2)(A) the requestor did not submit HCFA-1550’s, therefore it cannot be determined if services were rendered as billed.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this Order. This Order is applicable to dates of service in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 8th day of October 2004

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf

Enclosure: IRO decision

NOTICE OF INDEPENDENT REVIEW DECISION -- AMENDED DECISION

Date: October 6, 2004

RE:

MDR Tracking #: M5-04-1782-01

IRO Certificate #: 5242

_____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to _____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

_____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic reviewer who has an ADL certification. The reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

The claimant suffered two injuries that are discussed in this IRO. The first occurred on _____ when he hit his head on a beam. The second happened on _____ when he was moving blocks in an overhead motion. Since that time he has had extensive diagnostics, conservative care and therapy. He eventually had surgery to correct a T1 fracture and a rotator cuff injury. The records indicate that he still reports pain.

Requested Service(s)

Reviewing office visits, hot and cold pack therapy, electric stimulation, massage therapy, a telephone call, myofascial release, traction, manual joint mobilization for a period from 2/18/03 to 8/12/03.

Decision

I partially agree and partially disagree with the determination of the insurance company in this case. I disagree with the carrier and find that office visits, coded 99213 on 2/18/03, 3/20/03, and 8/12/03 are considered to be medically necessary. I agree with the carrier and find that all other treatment from 2/18/03 to 8/12/03 is not medically necessary.

Rationale/Basis for Decision

Review of the documentation shows that there appeared to be an unusual gap in time, between when conservative treatment of the work injury failed to succeed and operation was performed. The chiropractor in this case continued to treat the patient during the gap with passive modalities long after the therapies had been shown to be ineffective. Mercy Guidelines and Texas Chiropractic Guidelines recommend two week trials that can be modified. This patient was not responding to these treatments and long term passive modalities are not supported by the existing literature. The phone call on 4/4/03 with the patient was considered normal in the course of treatment and will not be allowed.

Due to the length of time taken to advance the claimant's treatment, I believe it is reasonable for the treating doctor to oversee the patient on a periodic basis until he reaches the next step in his care. I find therefore that the following visits (99213) are medically necessary:

2/18/03

3/20/03

8/12/03 (I noted that this visit was charged at \$70.00 even though the code was the same as the above. It should be paid at the same level as the others.)

All other charges are denied as not reasonable and necessary.